

				Complete If Known																																					
				Application No.		10/730,942																																			
				Filing Date		December 10, 2003																																			
				First Named Inventor		Kiyoshi TERAUCHI																																			
				Examiner Name		Michael S. Leslie																																			
Group Art Unit		3745																																							
Total Amount Of Payment		(\$)		\$130.00		Attorney Docket No.		018842.1285																																	
METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)																																			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P. <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375 .						3. ADDITIONAL FEES																																			
						<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Fee Description</td> <td style="width: 30%; text-align: right;">Fee Paid</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply with __ month</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Notice of Appeal</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td><input type="checkbox"/> Filing Brief in Support of Appeal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Request for Oral Hearing</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Utility Issue Fee (or reissue)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Design Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Plant Issue Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions to Commissioner</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unavoidable)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive (unintentional)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Petitions Related to Provisional Applications</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Statement</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Submission After Final Rejection</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Recordation of Assignment Document</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Filing Request for Reexamination</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) Utility Search and Examination Fees</td> <td style="text-align: right;">\$</td> </tr> </table>				Fee Description	Fee Paid	<input type="checkbox"/> Surcharge - late filing fee or oath	\$	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$	<input type="checkbox"/> Extension for reply with __ month	\$	<input checked="" type="checkbox"/> Notice of Appeal	\$ 130.00	<input type="checkbox"/> Filing Brief in Support of Appeal	\$	<input type="checkbox"/> Request for Oral Hearing	\$	<input type="checkbox"/> Utility Issue Fee (or reissue)	\$	<input type="checkbox"/> Design Issue Fee	\$	<input type="checkbox"/> Plant Issue Fee	\$	<input type="checkbox"/> Petitions to Commissioner	\$	<input type="checkbox"/> Petition to Revive (unavoidable)	\$	<input type="checkbox"/> Petition to Revive (unintentional)	\$	<input type="checkbox"/> Petitions Related to Provisional Applications	\$	<input type="checkbox"/> Submission of Information Disclosure Statement	\$	<input type="checkbox"/> Filing Submission After Final Rejection	\$
Fee Description	Fee Paid																																								
<input type="checkbox"/> Surcharge - late filing fee or oath	\$																																								
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$																																								
<input type="checkbox"/> Extension for reply with __ month	\$																																								
<input checked="" type="checkbox"/> Notice of Appeal	\$ 130.00																																								
<input type="checkbox"/> Filing Brief in Support of Appeal	\$																																								
<input type="checkbox"/> Request for Oral Hearing	\$																																								
<input type="checkbox"/> Utility Issue Fee (or reissue)	\$																																								
<input type="checkbox"/> Design Issue Fee	\$																																								
<input type="checkbox"/> Plant Issue Fee	\$																																								
<input type="checkbox"/> Petitions to Commissioner	\$																																								
<input type="checkbox"/> Petition to Revive (unavoidable)	\$																																								
<input type="checkbox"/> Petition to Revive (unintentional)	\$																																								
<input type="checkbox"/> Petitions Related to Provisional Applications	\$																																								
<input type="checkbox"/> Submission of Information Disclosure Statement	\$																																								
<input type="checkbox"/> Filing Submission After Final Rejection	\$																																								
<input type="checkbox"/> Recordation of Assignment Document	\$																																								
<input type="checkbox"/> Filing Request for Reexamination	\$																																								
<input type="checkbox"/> Other (specify) Utility Search and Examination Fees	\$																																								
2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P., The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.						FEE CALCULATION																																			
						1. BASIC FILING FEE <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																			
						<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">Fee Paid</td> </tr> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">\$\$</td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">\$</td> </tr> </table>					Fee Paid	Utility Filing Fee	\$\$	Design Filing Fee	\$	Plant Filing Fee	\$	Reissue Filing Fee	\$	Provisional Filing Fee	\$																				
	Fee Paid																																								
Utility Filing Fee	\$\$																																								
Design Filing Fee	\$																																								
Plant Filing Fee	\$																																								
Reissue Filing Fee	\$																																								
Provisional Filing Fee	\$																																								
2. EXTRA CLAIMS FEES																																									
CLAIMS AS AMENDED																																									
For	Number Present	Highest Number Paid For	Extra	Rate		Amount																																			
				Large Entity	Small Entity																																				
TOTAL CLAIMS	0	20	0	x \$ 50.00	x \$ 25.00	\$0.00																																			
INDEPENDENT CLAIMS	0	3	0	x \$ 200.00	x \$ 100.00	\$0.00																																			
MULTIPLE DEPENDENT CLAIMS				\$ 360.00	\$ 180.00	\$0.00																																			
TOTAL EXTRA CLAIMS FEES						\$0.00																																			
SUBMITTED BY						Complete (if applicable)																																			
Typed or Printed Name		Timothy J. Churns			Registration No.		48,340																																		
Signature		Date		October 10, 2006		Deposit Account User*		02-0375 ID																																	